



PATENT
Atty. Docket No. 28944/40098

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Romier et al.)
) Title: Method and Apparatus for Laying
) Hot Blacktop Paving Material
Serial No.: 10/824,880)
) Group Art Unit: 3671
)
Filed: April 15, 2004) Examiner: Raymond W. Addie
)

AMENDMENT TRANSMITTAL and
PETITION FOR EXTENSION OF TIME

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment for the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **August 26, 2005**, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

J. William Frank III, Reg. 25,626

08/30/2005 TBESHAH1 00000005 10624660

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1. **Small Entity Status**

☐ Small entity status has been established and is still effective.

2. **Extension of Time**

☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (MONTHS)		FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY
One Month		\$ 120.00		\$ 65.00
Two Months		\$ 450.00		\$ 225.00
Three Months	X	\$1,020.00		\$ 510.00
Four Months		\$1,590.00		\$ 795.00
Five Months		\$2,160.00		\$1,080.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$1,020.00

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Deduction \$

Extension Fee Due With This Request \$1,020.00

3. **Fee for Claims**

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	9	MINUS	20	=0	X \$25=	\$	X \$50 =	\$
INDEP.	2	MINUS	3	=0	X \$100 =	\$	X \$200 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim					+ \$180 =	\$	+ \$360 =	\$
TOTAL ADDITIONAL CLAIM FEE(s)						\$	OR	\$0.00

TOTAL FEES DUE: \$1,020.00

3. **Method of Payment of Fees**

- [X] Attached is PTO-2038
[] Charge Deposit Account No. 50-1903
in the amount of: \$
[X] *A copy of this Transmittal is enclosed.*

4. **Deposit Account and Refund Authorization**

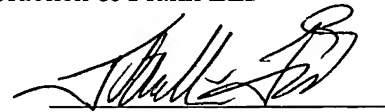
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17, except issue fees, to Deposit Account No. 50-1903. A copy of this Transmittal is enclosed.

Please refund any overpayment to McCracken & Frank LLP at the address below.

Respectfully submitted,

McCracken & Frank LLP

By:



J. William Frank III

Reg. No: 25,626

August 26, 2005

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